

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

4/2

04-21-2003 90503 001 ***150.00

DOCUMENT # P02000037234

1. Entity Name
SUNRISE ENTERPRISES OF BROWARD INC.



Principal Place of Business
**3630 PARK COURT
FT. LAUDERDALE FL 33332**

Mailing Address
**3630 PARK COURT
FT. LAUDERDALE FL 33332**

55038769



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
10290 W. COMM. BLVD.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE, FL

4. FEI Number
01-0654381

Applied For
☐ Not Applicable

Zip
33351

Country
USA

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KHANNA, OM
3630 PARK COURT
FT. LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent
Name
KHANNA, OM
Street Address (P.O. Box Number is Not Acceptable)
10290 W. COMM. BLVD
City
SUNRISE FL Zip Code
33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Om Khanna* DATE 4/17/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHANNA, OM 3630 PARK COURT FT. LAUDERDALE FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARMA, RAVINDER 66525 SEDGEWICK CIRCLE DAVE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Om Khanna* **4/17/03** **305624-7911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)